

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): David Knipe, Robert Finberg, George Siber

Application No.: 08/278,601

Group Art Unit: 1817

Filed: July 21, 1994

Examiner: A. Caputa



HERPESVIRUS REPLICATION DEFECTIVE MUTANTS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>12.23.97</u>	<u>Heather B. Hill</u>
Date	Signature
<u>Heather B. Hill</u>	
Typed or printed name of person signing certificate	

RECEIVED
 JAN 13 1995

Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment and Response to Office Action
 for filing in the above-identified application.

☒ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	35	MINUS	* 35	0	X \$11	\$ 0		X \$22	\$
INDEP	9	MINUS	** 12	0	X \$41	\$ 0		X \$82	\$
					+ \$135	\$ 0		+ \$270	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									

*not fewer than 20
 **not fewer than 3

TOTAL = \$ 0

\$

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for _____ month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ _____

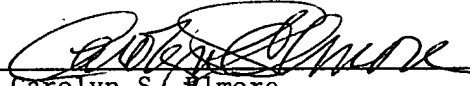
A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for <u>3</u> month Extension of Time	\$ <u>475.00</u>
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>475.00</u>

☐ A general authorization is hereby granted to charge deposit account number 08-0380 for any fees required under 37 CFR 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
Carolyn S. Elmore
Registration No. 37,567
Attorney for Applicant(s)
Telephone (781) 861-6240
Facsimile (781) 861-9540

Two Militia Drive
Lexington, Massachusetts 02173

Dated: 12/23/97